

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR **USE** WITH FORM PTO-875)

SERIAL NO.

10/527998

FILING DATE

APPLICA

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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11						
12	1					
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22	1					
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TOTAL IND.	2					
TOTAL DEP.	30					
TOTAL CLAIMS	32					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						